

WISCONSIN
SENIORCARE

PO BOX 6710
MADISON WI 53716 0710

NOTICE OF DECISION
State of Wisconsin
Dept. of Health and Family Services

Date: 03/18/05
Name: Client A Name
Case Number: 123456789

Si requiere esta información en
español, llame al 1-800-657-2038

CLIENT A NAME
12345 MAIN STREET
MADISON WI 53555

Thank you for submitting your enrollment fee to the SeniorCare Program. We received your enrollment fee on **MMDDYY**. However, the SeniorCare Program did not receive the fee by the due date of **MMDDYY**, which was identified in a notice sent to you on **MMDDYY**. As a result, you have subsequently received another notice indicating that your eligibility has been denied.

If you wish to reapply for the SeniorCare Program, please complete the enclosed application and return it as soon as possible to the address below.

If the completed form is received by **MMDDYY** we will apply the enrollment fee we received from you on **MMDDYY**, to the application. Your SeniorCare eligibility begin date will be based on the day the SeniorCare program receives the valid application form from you. If the valid application form is not received by **MMDDYY**, a refund of your enrollment fee will be mailed to you.

If you wish to reapply for SeniorCare, please return the completed application to:

SeniorCare
P.O. Box 6710
Madison, WI 53716-0710

Please contact the SeniorCare Customer Service Hotline at 1-800-657-2038 if you have additional questions.

Sincerely,

The SeniorCare Program